## **Archery in Louisiana Schools Program**

**INSTRUCTOR TIME & ACTIVITY RECORD** 

Office Use Only

Total Hours

THE STATE STATE	<u>_</u>						
School/Group Name:							
Student Ethnic Totals (not required)					PROGRAM HOURS		
Caucasian	African American		Hispanic				ent
Asian	Native American	Native American Oth			Preparation		Student Training/Event
(Sign in Blue Ink)					epar	Travel	Student Training
DATE	INSTRUCTOR NAME	INSTRUCTOR SI	GNATURE	BAI#	Pr	T	Str
				TOTALS			
NASP BAI Representative: (head coach)							
					Date:		
ALAS Coordinator Signature:					Date:		
LDWF Program Coord. Signatrue:					Date:		